

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

101396813

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3	/	/	/	/		
4			/	/		
5	/	/	/	/		
6		/	/			
7	/		/			
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36			/			
37			/			
38		2	/			
39	0		/			
40			/			
41			/			
42	/		/			
43			/			
44			/			
45			/			
46			/			
47	/		/			
48			/			
49	1		/			
50			/			
TOTAL IND.	6					
TOTAL DEP.	47					
TOTAL CLAIMS	53					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/		/	
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						